

# Evidence-Based Public Health in Action: Strategies from New York

## Moderator:

Amy Ramsay

Association of State and Territorial Health Officials

## Speakers from the New York State Department of Health:

Guthrie Birkhead, MD, MPH

Deputy Commissioner, Office of Public Health

Rachel de Long, MD, MSPH

Director, Bureau of Maternal and Child Health

Kris Mesler, RN, MPA

Associate Director, Bureau of Maternal and Child Health

Chris Maylahn, MPH

Program Research Specialist, Office of Public Health Practice

# **Prevention Agenda Toward the Healthiest State**

**The State Health Improvement Plan  
for New York**

# Prevention Agenda: 2008-2013

- Focuses on:
  - Determinants of health
  - Return on investment in public health
  - Primary and secondary prevention
  - Reducing health disparities
  - Evidence-based public health
- Establishes 2013 goals and measurable objectives for ten priority public health areas
- Collaborative community health planning led by local health departments and hospitals

# Prevention Agenda Priority Areas

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers/Healthy Babies/Healthy Children
- Infectious Disease
- Mental Health/Substance Abuse
- Physical Activity/Nutrition
- Tobacco Use
- Unintentional Injury



# Collaborative Community Health Planning Processes

- Local health departments described the community needs and programmatic initiatives in *Community Health Assessments* and *Municipal Public Health Services Plans for 2010-2013* and provided an update.
- Hospitals worked with local health departments and other community partners to assess the community's health and identify local priorities as part of their *Community Service Plan for 2010-2012*.

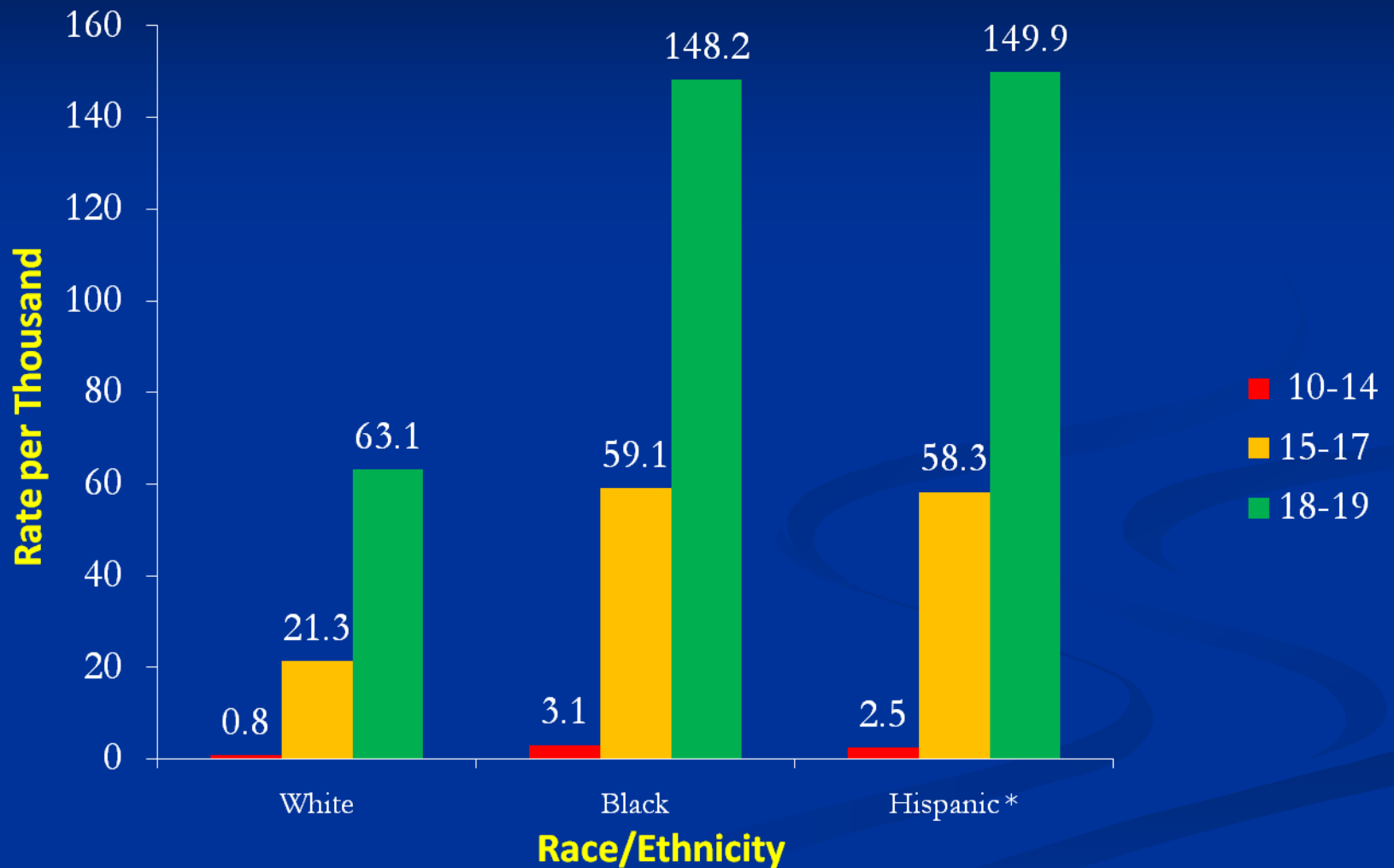


# Evidence-Based Adolescent Pregnancy Prevention

- New York experienced a 43% decline in adolescent pregnancies from 1993 to 2009.
- DOH was funding two community-based prevention programs started in the 1980s and 1990s.
- Programs lacked consistent service model.
- Targeting was based on pregnancy rates only.
- Significant racial/ethnic disparities existed.
- Programming was not consistent with the Department's *Prevention Agenda*.

# Adolescent Pregnancy Rates Per Thousand

by Race/Ethnicity and Age,  
New York State, 2009



\* Race and Hispanic ethnicity are not mutually exclusive. Hispanic refers to teens of all races who reported being of Hispanic origin.



# Transition to Evidence-Based

- Academic partnership - ACT for Youth Center of Excellence ([www.actforyouth.net](http://www.actforyouth.net))
- Literature review
  - Decades of research on effective strategies to improve adolescent sexual health outcomes
  - Antecedents at the community, family and individual level that influence adolescent sexual behavior
- Adolescent Sexual Health Symposium held in February 2009

# Transition to Evidence-Based

- Developed Adolescent Sexual Health Needs Index
- Single, multidimensional measure calculated at the ZIP code level based on antecedents influencing sexual behavior
- Considers a variety of factors associated with adverse sexual health outcomes:
  - size of adolescent population
  - actual burden of adolescent pregnancies and STD cases
  - specific demographic and community factors (education, economic, and race/ethnicity indicators)

# Pre-Implementation Planning

- Interim funding required use of evidence-based programming from nationally-published lists
- Discontinuing current practices that were not evidence-based
- Training by Center of Excellence
  - Asset-Based Community Development
  - Getting to Outcomes

# Implementation

- Establish a new initiative; discontinue previous initiatives
- Require use of evidence-based programming from approved lists
- Alignment with federal prevention initiatives
- Target funding to areas with largest burden of adverse outcomes
- Distribution of procurement to greater variety of community based organizations
- Support for community-based programs from the Department of Health and Center of Excellence

# Evaluation

- Participating with Center of Excellence on translational research
- Programs developed in research situations need to be evaluated as they are implemented in real-world situations
- Evaluating the implementation quality of evidence-based programs — are they being implemented with fidelity?

# Challenges

- Matching programs with needs of target population
- Availability and costs of programs
- Challenges due to settings
- Provider challenges



# Prevention Agenda Toward the Healthiest State

Public website

[www.nyhealth.gov/prevention/prevention\\_agenda/](http://www.nyhealth.gov/prevention/prevention_agenda/)



# New York State Department of Health

## Governor Cuomo



Andrew M. Cuomo,  
Governor

- ◆ Governor's Home Page
- ◆ Governor's Newsroom

## Commissioner Shah



Nirav R. Shah, M.D.,  
M.P.H., Commissioner

- ◆ Commissioner's Home Page
- ◆ 2011 Press Releases

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[HealthCareReform.ny.gov](http://HealthCareReform.ny.gov)



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## Health News

**JUNE 14, 2011**

### [Medicaid Redesign Progresses as New York State Health Department Begins Accepting Applications for Managed Long-Term Care Providers](#)

The New York State Department of Health today announced that applications are being accepted for entities to provide long-term managed care services. This initiative is part of Governor Andrew Cuomo's program to redesign New York's Medicaid system in ways that will decrease costs while improving the quality of care provided.

**JUNE 13, 2011**

### [State Health Department Approves Closure Plan for Fairchild Nursing Home in Lewiston](#)

The New York State Department of Health (DOH) today announced that it has approved a plan for the Fairchild Manor Nursing Home in Lewiston to close and cease operations.

### [Governor Cuomo Proposes Legislation Establishing Health Insurance Exchange to Comply with Federal Health Care Law](#)

Governor Andrew M. Cuomo today announced that he has submitted a Governor's program bill that would establish a new Health Benefit Exchange in order to comply with the Affordable Care Act passed by Congress and signed into law by President Barack Obama in 2010.

**JUNE 9, 2011**

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## News

### **MATRICES DESCRIBING COUNTY PRIORITIES, STRATEGIES AND PARTNERS POSTED**

Information about each county's efforts to address Prevention Agenda priorities is now available. The information includes the identified priorities and focus areas; the collaborating hospitals, counties, and community partners; and the strategies being implemented to improve population health outcomes. [The matrices can be viewed by](#)

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## Prevention Agenda Toward the Healthiest State

The New York State Department of Health developed the Prevention Agenda as a call to action to local health departments, health care providers, health plans, schools, employers, and businesses to collaborate at the community level to improve the health status of New Yorkers through increased emphasis on prevention.

### Priorities

The [Prevention Agenda](#) identifies ten priorities for improving the health of all New Yorkers and asks communities to work together to address them.

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### Prevention Works

A goal of the Prevention Agenda is to prevent health problems before they occur, or before they worsen.

The things we do, the food we eat, the air, water around us, and the design of our communities contribute to the majority of deaths in New York and the nation.

And, believe it or not, that's good news, because health promotion and disease prevention can help us eat healthier foods, successfully quit smoking, and enjoy living in safe environments with clean air and water.

Health promotion and disease prevention activities might include investigating disease outbreaks, labeling foods that are high in fat, counseling and drug treatments to help people quit smoking, and testing water supplies to make sure they are free from chemicals or other pollution. Laws such as the Clean Indoor Air Act that bans smoking in public buildings, bars and restaurants protect people's health.

Keeping people healthy by preventing illness in the first place makes much more sense than having to treat them when sick. Community-based prevention can yield a [return on investment](#) through savings in health care and Medicaid budgets.

# Principles of Design and Content

- A 'one-stop shop' for information
- Links to content elsewhere
- Follows EBPH framework
- Accessibility compliant
- Redundancy
- Regularly updated with program input

# Outline of website

Prevention Works

Community Health Planning Approach

Tracking Public Health Priorities

Objectives

County Strategies and Partners Matrix

Priorities

# DOH Site Contents

**Population groups, programs, topics**

**Links to all hospitals**

**Diseases, conditions, risk factors with links to additional info**

**Links to health and safety resources, data**

**Programs, settings, topic areas, evidence, databases**

**70 topics (eg, diseases, settings, sources, indicators)**

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**Links to each priority**

**Summary of activities in each county to address priority area**

**Link to data clearinghouse**

**Link to partner organizations**

**Five topic areas make up the priority**

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# Community Health Assessment Clearinghouse

The Community Health Assessment Clearinghouse is a "one-stop" resource for community health planners, practitioners, and policy developers.

## Data

- [New York Community Health Data Set \(CHDS\)](#) (Updated October 2010)
- [County Health Assessment Indicators \(CHAI\)](#) (October 2010)
- [County Health Indicators by Race/Ethnicity \(CHIRE\)](#) (Updated September 2010)
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## How-To Guide

- [New York State Community Health Assessment Guidance Documents](#)
- [10-step assessment process](#) with worksheets

## Examples

- [Evidence-based public health resources](#)
- [Promising Practices Resources](#)
- [Examples of community health assessments and report cards.](#)

## Training

- [Training links](#) to strengthen assessment-related skills and practice.

## About Us

- [About Us](#): the Office of Public Health Practice



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# Priority Area: Healthy Mothers, Healthy Babies, Healthy Children

## Priority Area: Healthy Mothers, Healthy Babies, and Healthy Children

Maternal, infant and child mortality and morbidity are key indicators of the health of a society. These measures are a reflection of the current health status of a large segment of the U.S. population and a predictor of the health of the next generation. Maternal and child health must continue to remain a priority in New York State (NYS).

While infant mortality and childhood asthma hospitalization rates have been decreasing in New York State over the last decade, they are still higher than the Healthy People 2010 goals. Over this same time period, NYS has seen a slight increase in the percent of low birthweight infants, while the percent of women receiving early prenatal care has seen little or no improvement. These rates also do not meet the Healthy People 2010 goals. In addition, the incidence of elevated lead levels in blood among children is still higher than Healthy People 2010 goals in some counties.

The cost of poor maternal, infant and child health is significant. According to one study,<sup>1</sup> the total societal economic burden associated with preterm birth is at least \$26.2 billion, an average of \$51,600 for each preterm infant. In another study,<sup>2</sup> the cost of neonatal care for infants of mothers who smoked is estimated to be \$367 million nationwide, with New York State's cost estimated to be about \$23 million.

There are many modifiable risk behaviors that positively impact the health of New York's children and adolescents, such as good nutrition, timely immunizations, reduced exposure to lead and other toxins, smoking cessation, management of chronic diseases, and access to primary, preventive and dental health care. Many risk factors and poor outcomes such as low birthweight, inadequate immunization, and greater exposure to lead and environmental toxins that disproportionately affect racial, ethnic and lower socioeconomic groups.

## References

1. Behrman RE, Butler AS, ed., Preterm birth: causes, consequences and prevention. Washington, DC: National Academies Press, 2007.
2. Adams EK, Miller VP, Ernst C, Nishimura BK, Melvin R Neonatal health care costs related to smoking during pregnancy. *Health Economics*, 2002 April;11:193-206.

## Indicators for Tracking Public Health Priority Areas

- [State and County Indicators For Tracking Public Health Priority Areas](#)

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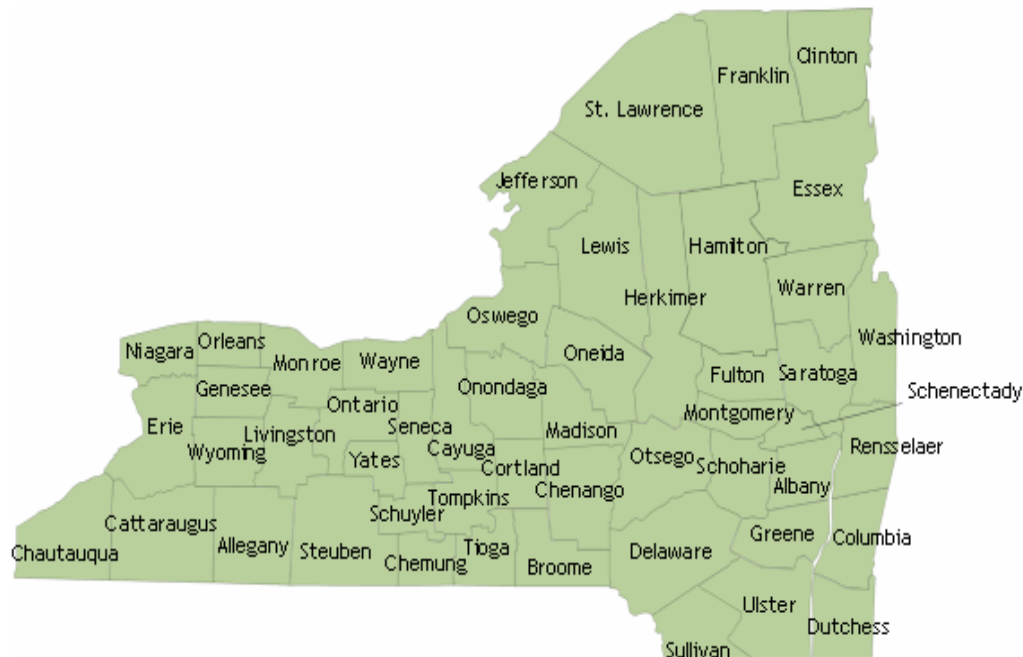
## Prevention Agenda - County Strategies and Partners Matrix

Information about each county's efforts to address Prevention Agenda priorities was compiled from the 2010-2013 community health assessments submitted by health departments. The information includes the identified priorities and focus areas; the collaborating hospitals, counties, and community partners; and the interventions implemented to improve population health outcomes. The matrices can be viewed by priority area or by county.

To find the Strategies and Partners Matrix by county for a specific priority area of the Prevention Agenda, select from the list below:

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To find a Prevention Agenda - Strategies and Partners Matrix for a county, select a county from the map below, or from [a list of counties in New York State](#).



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## Priority Area: Healthy Mothers, Healthy Babies, and Healthy Children - Strategies and Partners Matrix

County	Collaborating Hospitals	Collaborating Counties	Specific Focus Area	Strategies and/or Interventions	Partners
Cayuga	Auburn Memorial Hospital		Increase breastfeeding rates	<ol style="list-style-type: none"> <li>1. Collaborate with local agencies and hospitals to promote maternal and child health programs.</li> <li>2. Provide supports and educational resources available within the community for county residents.</li> </ol>	<ul style="list-style-type: none"> <li>• Auburn Memorial Hospital</li> <li>• Reach Center, York</li> <li>• Local physicians</li> </ul>
Columbia	Columbia Memorial Hospital		<ol style="list-style-type: none"> <li>1. Prenatal care</li> <li>2. Teen pregnancy</li> <li>3. Infant mortality</li> <li>4. Lead poisoning prevention</li> </ol>	<ol style="list-style-type: none"> <li>1. Offer screening for lead poisoning.</li> <li>2. Conduct education to healthcare providers, community members and patients</li> </ol>	<ul style="list-style-type: none"> <li>• Local OB/GYN groups</li> <li>• Columbia Opportunity</li> <li>• WIC</li> <li>• Migrant population</li> <li>• Social Services</li> <li>• Health Care Consortium</li> <li>• Dental Project</li> </ul>
Cortland	Cortland Regional Medical Center (CRMC)		Access to OB care	<ol style="list-style-type: none"> <li>1. Expand MCH and MOMS activities to include more education.</li> <li>2. The Maternity expansion at CRMC will encourage more mothers to deliver locally and hopefully will attract additional OB providers. CRMC has recruited an OB who is currently seeking approval to be a MOMS provider, bringing the number of Cortland County OB providers accepting Medicaid to three.</li> </ol>	<ul style="list-style-type: none"> <li>• WIC and other prenatal and partners</li> <li>• Cortland Regional Medical Center</li> </ul>

# Tracking Indicators

Indicator	Prevention Agenda 2013 Objective	US	NYS	Albany County
<b>HEALTHY MOTHERS/ HEALTHY BABIES/HEALTHY CHILDREN</b>				
% early prenatal care (1 <sup>st</sup> trimester) <sup>5</sup>	90%†	69.0% (2007)	72.0% (2008)	77.5% (2006-2008)
% low birthweight <sup>5</sup> births (<2500 grams)	5%†	8.2% (2008)	8.2% (2008)	8.2% (2006-2008)
Infant mortality (per 1,000 live births) <sup>6</sup>	4.5†	6.7 (2007)	5.4 (2008)	8.3 (2006-2008)
Increase % of 2 year old children who receive recommended vaccines (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 HepB) <sup>7</sup>	90%	78.2% (2008)	76.2% (2008)	NA
% of children with at least one lead screening by age 36 months <sup>8</sup>	96%	-	82.8% (NYS excl. NYC) (2004 birth cohort)	75.0% (2004 birth cohort)
Prevalence of tooth decay in 3 <sup>rd</sup> grade children <sup>9</sup>	42%†	53.0% (2004)	54.1% (2002-2004)	37.6% (2002-2004)
Pregnancy rate among females aged 15-17 years <sup>10</sup> (per 1,000)	28.0	40.2 (2005)	33.3 (2008)	22.0 (2006-2008)

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## Community Health Planning Approach

Another goal of the Prevention Agenda is to involve a wide range of organizations and community members in developing community health plans that identify and address problems that affect the health of New Yorkers.

The Prevention Agenda calls on [local health departments](#) and hospitals to identify two or three of the ten Prevention Agenda priorities and to work with community providers, insurers, community based organizations and others to address them. Statewide program and policy initiatives will complement local efforts.

In 2009, [local health departments](#) and hospitals joined together to conduct community health planning and develop improvement plans. The Department of Health has information about programs and strategies that have been shown to promote health and prevent illness. Some of this comes from actions taken right here in New York's cities, towns and village, or in similar communities elsewhere. Recommendations from national public health groups will also be shared. The use of this information in planning and conducting effective programs is called [evidence based public health](#).



## Prevention Agenda Toward the Healthiest State - Evidence Based Public Health

### Evidence Based Public Health

Evidence based public health is "the development, implementation and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of program planning models." (Brownson RC, Gurney JG, Land G. 1999. *Evidence-based decision making in public health*, Journal of Public Health Manag Pract .5: 86-97.)

To be effective, public health and health care agencies should use the best available evidence in selecting programs and actions that can address the Prevention Agenda priorities in their communities.

This site gives links to scientific studies and published reports that provide practical guidance to local health departments, health care providers, community leaders, employers and others on ways to spend limited health care dollars for improving community health.

### Agency for Healthcare Research and Quality

#### [Electronic Preventive Services Selector](#)

Offers a practical tool to assist clinicians identify appropriate preventive, screening, and counseling services for patients.

### Association of State and Territorial Health Officials

Presents evidence-based public health highlights initiatives and research focused on increasing the [evidence base supporting public healthy interventions](#).

### Centers for Disease Control and Prevention

#### [Guide to Community Preventive Services](#)

Provides a summary of effective community interventions that promote health and prevent disease.

### The Cochrane Collaboration

Contains a library of [systematic reviews of the effects of health care interventions](#).

### E-Roadmap to Evidence-based Public Health Practice

Comprehensive database of [evidence-based public health practice programs and a learning tutorial](#) that teach skills to identify and use



# From *Healthy Mothers, Healthy Babies, Healthy Children* priority page ...

## Strategies –The Evidence Base for Effective Interventions

### **Emerging Answers 2007, Dr. Douglas Kirby, the National Campaign to Prevent Teen and Unplanned Pregnancy**

This report identifies 15 programs with strong evidence of positive impact on sexual behavior or pregnancy or sexually transmitted diseases (STD) rates. These programs include curriculum-based sex and STD/HIV education programs; mother-adolescent programs, clinic protocols and one-on-one programs; and service learning and multi-component programs with intensive sexuality and youth development components.

### **What Works, 2009**

The 24-page report includes a listing of 30 effective programs evaluated using experimental and quasi-experimental designs. These programs use one or more of the following five approaches: curriculum-based education that encourages both abstinence and contraceptive use; service learning programs whose primary focus is keeping young people constructively engaged in their communities and schools; youth development that takes a very broad approach; parent programs that involve both parents and adolescents; and community-wide programs such as educational activities and public service announcements.

### **Science and Success, Second Edition: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections, Advocates for Youth.**

This 2008 publication highlights 26 U.S.-based programs that have been proven effective at delaying sexual initiation or reducing sexual risk taking among teens. Fourteen of the 26 programs demonstrated a statistically significant delay in the onset of sexual activity. Fourteen programs helped sexually active youth to increase condom use and nine programs demonstrated success at increasing use of other contraception. Thirteen programs showed reductions in the number of sex partners and/or increased monogamy. Seven programs assisted sexually active youth to reduce the frequency of sexual intercourse and ten programs helped sexually active youth to reduce the incidence of unprotected sex.

## Reports and Resources

### **Weaving Science and Practice: Frequently Asked Questions about Science-based Approaches, Healthy Teen Network and ETR Associates, 2008.**

Describes the Promoting Science-Based Approaches Using Getting to Outcomes (PSBA-GTO) planning framework. The PSBA-GTO model provides a [ten-step framework](#) for four phases of program planning outcomes including: 1) setting goals; 2) designing programs; 3) evaluating programs; and 4) sustaining good outcomes, using [seven science-based approaches](#).

### **Guiding Principles for Adolescent Sexual Health Education – New York State Department of Health Adolescent Sexual Health Workgroup, 2008**

Describes 10 guiding principles supported by the NYSDOH.

# Community Health Assessment Clearinghouse

The Community Health Assessment Clearinghouse is a "one-stop" resource for community health planners, practitioners, and policy developers.

## Data

- [New York Community Health Data Set \(CHDS\)](#) (Updated October 2010)
- [County Health Assessment Indicators \(CHAI\)](#) (October 2010)
- [County Health Indicators by Race/Ethnicity \(CHIRE\)](#) (Updated September 2010)
- [County Health Indicator Profiles](#) (Updated October 2010)
- [Vital Statistics of New York State](#)
- [New York State Department of Health data links](#)
- [New York State Data Partners' program data](#)
- [Data for states including New York](#)
- [National public health data sets](#)

## How-To Guide

- [New York State Community Health Assessment Guidance Documents](#)
- [10-step assessment process](#) with worksheets

## Examples

- [Evidence-based public health resources](#)
- [Promising Practices Resources](#)
- [Examples of community health assessments and report cards.](#)

## Training

- [Training links](#) to strengthen assessment-related skills and practice.

## About Us

- [About Us](#): the Office of Public Health Practice

## Return on Investment

### By the Numbers: Cost of Teen Childbearing

This report documents the public costs of teen childbearing at both the national and state level. Teen childbearing in the United States costs taxpayers (federal, state, and local) at least \$9.1 billion, according to this 2006 report by Saul Hoffman, Ph.D. and published by the National Campaign to Prevent Teen Pregnancy. Most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers, including increased costs for health care, foster care, and incarceration.

### Teen and Non-Marital Childbearing. Kearney MS. National Bureau of Economic Research Reporter, Number 1, 2009

This report describes research on policy determinants to teen and non-marital pregnancy, socioeconomic differences in rates of teen childbearing and parental time investment in children.

## Partners

- [ACT for Youth Center of Excellence](#)
- [Advancing Youth Development](#)
- [Advocates for Youth](#)
- The Community Based Adolescent Pregnancy Prevention (CBAPP) and the Adolescent Pregnancy Prevention and Services program (APPS)
- [Family Planning Advocates of New York State](#)
- [Healthy Teen Network](#)
- [The National Campaign to Prevent Teen and Unwanted Pregnancy](#)
- The New York State Council on Adolescent Pregnancy Prevention

## More Information

*Bureau of Maternal and Child Health  
Adolescent Health Unit  
Corning Tower, Room 1805  
Empire State Plaza  
Albany, NY 12237  
Voice: (518) 474-0535  
Fax: (518) 474-7054  
Email: [bwh@health.state.ny.us](mailto:bwh@health.state.ny.us)*

**Thank you!**

Questions ?